

## EXHIBIT E

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**American Bankers**

Insurance Company of Florida

A Stock Insurance Company

8655 E. Via de Ventura  
Scottsdale, AZ 85258-3321**NEW BUSINESS - FSL-417528401-00****POLICY DECLARATIONS \* \* \* EFFECTIVE****12:01 AM STANDARD TIME AT MAILING****ADDRESS OF THE INSURED****\* DIRECT BILL \***

POLICY NUMBER	FROM POLICY PERIOD TO		POLICY TYPE	AGENCY	PAGE 1
FSL417528401	3/25/2016	3/25/2017	FARMOWNER	0BV7001-0002	OF 3

**NAMED INSURED AND MAILING ADDRESS****AGENT/ACCOUNT**JEAN A DEGUTIS  
44 WARREN STREET

PLAINVILLE, MA 02762

CORINTHIAN INSURANCE AGENCY IN  
165 MAIN ST

STE 214

MEDWAY, MA

02053-1584

0002 JOSEPH SCOTT LOMBARD

The Insured is:

☒ An Individual☐ A Joint Venture☐ A Partnership☐ An Organization (Other Than A Partnership or Joint Venture)☐ A Limited Liability Company

Insured premises:

Item No.DescriptionLocation

1

44 WARREN STREET, NORFOLK COUNTY, NORTH ATTLEBORO, MA 02762

This replaces all previously issued Policy Declarations, if any. This Policy applies only to accidents, occurrences, or losses which happen during the Policy term shown above. This Policy applies only to those coverages below for which a limit of liability or premium charge is shown. "Our" limit of liability for each coverage shall be not more than the amount stated for such coverage, subject to all the "terms" of this Policy.

**Property Coverages**

A. Residence

B. Related Private Structures

C. Personal Property

D. Add'l Living Cost or Fair Rental Value

Limit of Liability

\$ 251,000

\$ 25,100

\$ 175,700

\$ 50,200

E. Farm Barns, Buildings and Structures

F. Scheduled Farm Personal Property

G. Unscheduled Farm Personal Property

Limit of Liability

\$ 216,043

\$ 15,000

\$ 0

Coverage F:

☐ Pro Rata Distribution Clause☐ Coinsurance Clause \_\_\_\_\_ Coinsurance Percentage

Coverage G:

☐ \_\_\_\_\_ Coinsurance Percentage -- This replaces the percentage under Other Limitations -- Coverage G.

Additional Property Not Covered Under Coverage G:

Deductible: \$ 2,500 All Perils Except: F,G☒ Refer to deductible endorsement.

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FSL 417528401	3/25/2016	3/25/2017	FARMOWNER	0BV7001-0002	OF 3

This Policy is extended to cover the following activities, in addition to "farming":

"Farming" is extended to include: Equine related activities as classified elsewhere on the Declarations  
and for which a premium is shown.

**Commercial Liability****Coverage**

Each Occurrence Limit

\$1,000,000

General Aggregate Limit

(other than Products/  
Completed Work)\$2,000,000

Fire Legal Liability Limit

\$50,000 /per occurrence

Medical Payments to Others

\$5,000 per person

Products/Completed Work

Hazard Aggregate  
Limit\$2,000,000Extra Expense Coverage -- Limit of Liability \$ POLICY LIMIT

The following "limits" replace those in the Policy for the coverages noted below:

Incidental Property Coverages -- Forms FO-1, FO-2, FO-3, FO-4, or FO-5

Limit of Liability

Fire Department Service Charge

\$ POLICY LIMIT

Credit Card, Forgery, and Counterfeit Money

\$ POLICY LIMIT

Outdoor Antennas

\$ POLICY LIMIT

Well Pumps

\$ POLICY LIMIT

Private Power and Light Poles

\$ POLICY LIMIT

Refrigerated Food Spoilage

\$ POLICY LIMIT

Tenant's Improvements

\$ NOT COVEREDIncidental Property Coverages -- Form FO-6

Fire Department Service Charge

\$ POLICY LIMIT

Property in the Care of a Common or Contract Carrier

\$ POLICY LIMIT

Signs

\$ POLICY LIMIT

Glass Breakage in Cabs

\$ POLICY LIMIT

Farm Operations Records

\$ POLICY LIMIT

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**MORTGAGEE INFORMATION**

MORTGAGEE NAME AND MAILING ADDRESS

1) WEBSTER BANK, PO BOX 30, WATERBURY, CT 06720

LOAN NUMBER

1) LOAN# AL500004750167916

**LIENHOLDER/LOSS PAYEE INFORMATION**

SECURED PARTY NAME AND MAILING ADDRESS

LOAN NUMBER

Commercial Liability If this is checked ☐ coverage does not apply.All known exposures at the beginning of the Policy period have been identified below.

Classification	Code	Rating Basis	Rate	Premium
Saddle Animals, Comm'l.	16401	VARIOUS	INCLUDED	\$ 158
Stables, Boarding	16402	VARIOUS	INCLUDED	444
Riding Clubs & Academies	16200	VARIOUS	INCLUDED	1,353

**SUBJECT TO THE FOLLOWING FORMS AND ENDORSEMENTS**

AF-9378SM 1095, AF-9379SM 1095, B6230E0306, B6265E0410, B8240E0311, B8258E1010, B8303E0303, B8304E0303, B8344E1109, B8371E1107, CL-460 0305, FO-20 1.0, FO-208 1.0, FO-216 1.0, FO-3 1.0, FO-341 1.0, FO-342 1.0, FO-360 1.0, FO-368 1.0, FO-55 1.0

FO-6 1.0, FO-675 1006, FO-744 0610, GL-610 2.0, GL-612 1.0, GL-81 2.0, GL-810 0305, GL-9 1.0, GL-904 2.0,

M8027M0409-SIG, ML-223 3.0, NIP1982-R0213

TOTAL POLICY PREMIUM: \$4,280  
\$4,280

COUNTERSIGNED:

By: AUTHORIZED AGENT \_\_\_\_\_

DATE \_\_\_\_\_